

**BOROUGH OF DUNMORE
ORDINANCE #3
BUSINESS PRIVILEGE TAX
Sarah N. Judge/Collector of Taxes
570-343-7611 ext. #3**

In accordance with the above ordinance, every person engaging in a business, trade, occupation, or profession within the Borough and maintains a place of business therein shall pay an annual Business Privilege Tax in the sum of one hundred dollars **(\$100.00)**.

_____ please detach and return with payment _____

**2016
BUSINESS PRIVILEGE TAX PAYMENT**

NAME OF BUSINESS:

ADDRESS:

PHONE:

AMT. DUE: \$100.00

Signature

Make Checks Payable to:
Borough of Dunmore
400 S. Blakely St.
Dunmore, PA 18512

Make Checks Payable To:
Sarah N. Judge/LST Collector
400 South Blakely Street
Dunmore, PA 18512

LOCAL SERVICES TAX – EXEMPTION CERTIFICATE
2016
Tax Year
APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

☐ A copy of this application for exemption from the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to your employer AND to the political subdivision levying the Local Services Tax where you are principally employed.

☐ This application for exemption from the Local Services Tax must be signed and dated.

☐ No exemption will be approved until proper documentation has been received.

Name: _____ Soc Sec #: _____
Address: _____ Phone #: _____
City/State: _____ Zip: _____

REASON FOR EXEMPTION

1. _____ MULTIPLE EMPLOYERS: Attach a copy of a current pay statement from your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers on the reverse side of this form. You must notify your other employers of a change in principal place of employment within two weeks of the change.
2. _____ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN DUNMORE BOROUGH/DUNMORE SCHOOL DISTRICT (municipality or school district) WILL BE LESS THAN \$12,000.00: Attach copies of your last pay statements or your W-2 for the year prior.
If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior year.
3. _____ ACTIVE DUTY MILITARY EXEMPTION: Please attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. You are required to advise the tax office when you are discharged from active duty status.
4. _____ MILITARY DISABILITY EXEMPTION: Please attach copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

EMPLOYER: Once you receive this Exemption Certificate, you shall not withhold the Local Services Tax for the portion of the calendar year for which this certificate applies, unless you are otherwise notified or instructed by the tax collector to withhold the tax.

Tax Office: SARAH N. JUDGE/COLLECTOR OF TAXES

Address: 400 S. BLAKELY STREET

City/State: DUNMORE, PA 18512 Phone #: 570-343-7611 ext. 5

IMPORTANT NOTE TO EMPLOYERS

1. The municipality is required by law to exempt from the LST employees whose earned income from all sources (employers and self-employment) in their municipality is less than \$12,000 when the levied rate exceeds \$10.00.
2. The school district for the municipality in which your worksite(s) is located may or may not levy an LST. If it does, the income exemption provided may differ from the municipality and can be anywhere from \$0 to \$11,999.
3. Contact the tax office where your business worksites are located to obtain this information.

SARAH N. JUDGE
COLLECTOR OF TAXES
400 S. BLAKELY STREET
DUNMORE, PA 18512
570-343-7611 ext. 5 (telephone)
570-343-8107 (fax)

REFUND APPLICATION - LOCAL SERVICES TAX (2015)

NAME: _____
ADDRESS: _____

S.S. #: _____

REFUND REQUESTED: \$ _____

YEAR: _____

Multiple Payment of Tax (Proof of duplicate payment must be provided)

<u>Employer's Name & Address</u>	<u>Date Pd.</u>	<u>Amt. Pd.</u>	<u>Municipality Paid</u>

Gross Income Under Taxable Limit

If your total income, from all sources, is less than \$12,000, for the period January 1 thru December 31, of the year indicated above, complete section below.

<u>Employer's Name & Address</u>	<u>Total Income</u>
	\$
	\$
	\$
	\$
Net Profits from Self Employment	\$
TOTAL	\$

Proof of income must be attached to this form (Income tax forms filed with the IRS and/or PA Department of Revenue, Local Tax Form, 1099's, and all W-2's).

Signature

Date